

03560.002163



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
SHUICHI OKAMURA ) : Examiner: S. Tsegaye  
Application No.: 09/057,556 ) : Group Art Unit: 2662  
Filed: April 9, 1998 ) :  
For: IMAGE COMMUNICATION ) :  
APPARATUS, IMAGE ) :  
COMMUNICATION METHOD, AND ) :  
RECORDING MEDIUM WHICH ) :  
STORES THE METHOD ) : September 17, 2004

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Technology Center 2600

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 17, 2004, the Examiner is respectfully requested to amend the above-identified application as follows. The claim amendments are reflected in the listing that begins at page 2. The Remarks begin at page 7.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 17, 2004

(Date of Deposit)

09/22/2004 MAHMED1 0000003 09057556

01 FC:1201

86.00 OP

Leonard P. Diana Reg. No. 29,296

(Name of Attorney for Applicant)

*Z.P. Diana*

September 17, 2004

Signature

Date of Signature

In re Application of:

SHUICHI OKAMURA

Application No.: 09/057,556

Filed: April 9, 1998

For: IMAGE COMMUNICATION APPARATUS, IMAGE COMMUNICATION METHOD, AND RECORDING MEDIUM WHICH STORES THE METHOD

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$43 \$86	\$86.00
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$86.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 86.00 is enclosed.

Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_\_\_-month extension is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana  
Attorney for Applicant  
Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO  
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New York, New York 10112-3801  
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Form #120

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